**Richmond City Sheriff's Office** LL-1, John Marshall Courts Building Richmond, Virginia 23219

(X)

Served in person



**Civil Process Section** 400 N. 9th Street Telephone (804) 646-6600

## SHERIFF'S OFFICE

## AFFIDAVIT OF SERVICE

Being duly worn and authorized to make service as provided by the Code of the Commonwealth of Virginia, by my signature subscribed below I do hereby certify that I executed a true copy of the within Summons And Complain , in the following manner and on the date so indicated:

( ) Registered agent				
( ) Served on the person or officer found to be in charge				
( ) Posted service (only if authorized)				
( ) Member of Family (Resident)				
( ) Not found (Explain):				
DES	CRIPTION OF PE	RSON SER	 VE	<del></del>
NAME John M. Kellum M.D	RACE	SEX	DOB (OR APPX. AGE)	SSN
STREET ADDRESS 1250 E. Marshall St	HGT	WGT /	EYES	HAIR
5/04/07				
Signature of Affigurt Date				
July Signature of Arrigate				
k				
<u>AFFIDAVIT</u>				
COMMONWEALTH OF VIRGINIA				
Before me personnally appeared the said	DEP,. R	. THOM	PSON	uh o again
Before me personnally appeared the said who says that he/she executed the above instrument in the above manner and on the date indicated.				
Sworn to and subscribed in my presence this _	21st day o	MAY		_, 20 07
My commission expiresJUNE30; 2	010			
	_		My Water to	
			Signature of Nota	ry
		1		